

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PATRIOT VOICES PAC

ADDRESS (number and street) ▼

315 Foxtail Lane

☐ Check if different than previously reported. (ACC)

Spring City

PA

19475

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528307

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2014

through

M M M / D D D / Y Y Y Y Y Y
02 28 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nadine Maenza

Signature of Treasurer

Nadine Maenza

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 19 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PATRIOT VOICES PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 02 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		35337.65
(b) Cash on Hand at Beginning of Reporting Period.....	15358.44	
(c) Total Receipts (from Line 19)	60919.99	99734.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76278.43	135071.89
7. Total Disbursements (from Line 31)	58552.46	117345.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17725.97	17725.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	46689.41	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PATRIOT VOICES PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3250.00

3550.00

(ii) Unitemized

18840.00

23482.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

22090.00

27032.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

22090.00

27032.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

33.53

33.53

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

38796.46

72668.71

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

60919.99

99734.24

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

60919.99

99734.24

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	23255.04	39633.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	23255.04	39633.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	539.97	4016.19
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	34757.45	73696.62
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	58552.46	117345.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58552.46	117345.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22090.00	27032.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22090.00	27032.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	23255.04	39633.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	33.53	33.53
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	23221.51	39599.58

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. DARLENE V. BARGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 IDAHO STREET
 City State Zip Code
 WOODBRIDGE VA 22191-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt

02 / 27 / 2014

Transaction ID : SA11.80269

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B. MRS. DRUSCILLA CASE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7932 GRAND BAY DRIVE
 City State Zip Code
 NAPLES FL 34108-7554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt

02 / 11 / 2014

Transaction ID : SA11.78669

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. MR. JOHN SCOTT CRAMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1244 ARBOR ROAD
 APT 454
 City State Zip Code
 WINSTON SALEM NC 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt

02 / 27 / 2014

Transaction ID : SA11.80277

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MRS. CAROL A. HENRICHS

Mailing Address 13403 EDGE WOOD LANE

City State Zip Code
 HIGHLAND IL 62249-3049

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 11 / 2014

Transaction ID : SA11.78655

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. LUCILLE W. MELLISH

Mailing Address 2241 WELLESLEY STREET

City State Zip Code
 PALO ALTO CA 94306-1361

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 12 / 2014

Transaction ID : SA11.78937

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. MARY V. MURFEY

Mailing Address 5045 112TH AVENUE NE

City State Zip Code
 KIRKLAND WA 98033-7717

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

WEALTH MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2014

Transaction ID : SA11.79617

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. HARRY PROUD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7213 YEW STREET
 City EVERETT State WA Zip Code 98203-5405
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11.79830

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. MRS. MARILYN STIGLITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 232 BALTUSROL WAY
 City SPRINGFIELD State NJ Zip Code 07081-2106
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11.78478

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 21

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MS. HARRIETT S. BALDWIN

Mailing Address **58 CORONADO CIR**

City	State	Zip Code
NORTH LITTLE ROCK	AR	72116-5241

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 26 / 2014

Transaction ID : SA11.82134

Amount of Each Receipt this Period

150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MR. DONALD E E. HINES

Mailing Address **8172 E GALINDA DR**

City	State	Zip Code
TUCSON	AZ	85750-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

02 / 28 / 2014

Transaction ID : SA11.82136

Amount of Each Receipt this Period

200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. MS. NANCY C. OAKES

Mailing Address **540 17TH ST. N**

City	State	Zip Code
SAINT CLOUD	MN	56303-1416

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

02 / 05 / 2014

Transaction ID : SA11.82137

Amount of Each Receipt this Period

230.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

580.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 21

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. ANITA RASH		Date of Receipt M M / D D / Y Y Y Y Y 02 / 27 / 2014 Transaction ID : SA11.81959	
Mailing Address 1310 KING ARTHUR DR		Amount of Each Receipt this Period 75.00	
City MECHANICSBURG	State PA	Zip Code 17050-9154	CONTRIBUTION NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
Full Name (Last, First, Middle Initial) B. MR. WILLIS W. SHENK		Date of Receipt M M / D D / Y Y Y Y Y 02 / 24 / 2014 Transaction ID : SA11.81608	
Mailing Address 635 WILLOW VALLEY SQ		Amount of Each Receipt this Period 150.00	
City LANCASTER	State PA	Zip Code 17602-4869	CONTRIBUTION NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) C. MR. KENNETH J. STUDEMAN		Date of Receipt M M / D D / Y Y Y Y Y 02 / 20 / 2014 Transaction ID : SA11.81262	
Mailing Address 65523 N CENTERVILLE RD		Amount of Each Receipt this Period 150.00	
City STURGIS	State MI	Zip Code 49091-9148	CONTRIBUTION NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
SUBTOTAL of Receipts This Page (optional)..... ▶		375.00	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 21

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

<p>Full Name (Last, First, Middle Initial) A. MRS. SANDY WATERFIELD</p> <p>Mailing Address P.O. BOX 447</p> <p>City CANADIAN State TX Zip Code 79014-0447</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HOMEMAKER Occupation HOMEMAKER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt 02 / 10 / 2014 Transaction ID : SA11.81611</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>
<p>Full Name (Last, First, Middle Initial) B. MS. BETTY M. WHITEHEAD</p> <p>Mailing Address 5273 HILLDALE RD</p> <p>City ALEXANDER State AR Zip Code 72002-9489</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>		<p>Date of Receipt 02 / 19 / 2014 Transaction ID : SA11.81226</p> <p>Amount of Each Receipt this Period 25.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>
<p>Full Name (Last, First, Middle Initial) C.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt</p> <p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>1025.00</p> <p>1980.00</p>

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC



Three digital displays are shown, each with a set of letters above it. The first display shows '02' with 'M' and 'M' above it. The second display shows '20' with 'D' and 'D' above it. The third display shows '2014' with 'Y', 'Y', 'Y', and 'Y' above it. The displays are separated by slashes.

1548.14

B. ELAVON MERCHANT SERVICES

MM / DD / YYYY

Transaction ID : SB21B.I724

75.53

C. ELAVON MERCHANT SERVICES

02 / 03 / 2014

Transaction ID : SB21B.I727

60.57

State: District:

1684.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. HSP DIRECTMailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 06 2014**Transaction ID : SB21B.I718**

Amount of Each Disbursement this Period

3972.71

Full Name (Last, First, Middle Initial)

B. HSP DIRECTMailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 20 2014**Transaction ID : SB21B.I722**

Amount of Each Disbursement this Period

9722.19

Full Name (Last, First, Middle Initial)

C. HSP DIRECTMailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 28 2014**Transaction ID : SB21B.I723**

Amount of Each Disbursement this Period

6430.27

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20125.17

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. SCHULTZ FOR IOWA

Mailing Address P.O. BOX 3522

City	State	Zip Code
URBANDALE	IA	50323

Purpose of Disbursement	INKIND-EMAIL COMMUNICATION
-------------------------	----------------------------

Candidate Name

Matthew David Schultz

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

The image shows three digital displays arranged horizontally, separated by slashes. The first display shows '02' with 'M' indicators above it. The second display shows '20' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : SB23.I731

Amount of Each Disbursement this Period

723.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular channel with a flat bottom and a flat water surface. The channel is represented by a rectangle with a solid bottom and a dashed line for the water surface. The water surface is at a constant height across the entire width of the channel.

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City	State	Zip Code
CHARLOTTE	NC	28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : SB29.I734

Amount of Each Disbursement this Period

684.31

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. DON HUFFINES FOR TEXAS SENATEMailing Address 6125 LUTHER LANE
#284

City	State	Zip Code
DALLAS	TX	75225

Purpose of Disbursement
NON-FEDERAL (TX) INKIND CONTRIBUTION/EMAIL COMMUNICATION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : SB29.I740

Amount of Each Disbursement this Period

3.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DON HUFFINES FOR TEXAS SENATEMailing Address 6125 LUTHER LANE
#284

City	State	Zip Code
DALLAS	TX	75225

Purpose of Disbursement
NON-FEDERAL (TX) INKIND CONTRIBUTION/EMAIL COMMUNICATION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2014

Transaction ID : SB29.I741

Amount of Each Disbursement this Period

3.95

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

684.31

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City	State	Zip Code
AKRON	OH	44307

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Transaction ID : SB29.I736

Amount of Each Disbursement this Period

285.47

NON-CONTRIBUTION ACCOUNT

B. INFOCISION

Full Name (Last, First, Middle Initial)

Mailing Address 325 SPRINGSIDE DRIVE

City	State	Zip Code
AKRON	OH	44333

Purpose of Disbursement
PAC TELEMARKETING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

Transaction ID : SB29.I738

Amount of Each Disbursement this Period

33547.81

NON-CONTRIBUTION ACCOUNT

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33833.28

34517.59

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 21

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ACTIVE ENGAGEMENTNature of Debt (Purpose):
EMAIL COMMUNICATIONMailing Address 44084 RIVERSIDE PARKWAY
SUITE 350City State Zip Code
LANSDOWNE VA 20176

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.30101

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CMDINature of Debt (Purpose):
EMAIL COMMUNICATION/DATABASE
SERVICESMailing Address 1593 SPRING HILL ROAD
SUITE 400City State Zip Code
TYSONS CORNER VA 22182

Outstanding Balance Beginning This Period

6508.76

Transaction ID : SD10.30102

Amount Incurred This Period

1587.34

Payment This Period

1548.14

Outstanding Balance at Close of This Period

6547.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

COLON & COMPANYNature of Debt (Purpose):
MAILINGMailing Address 3405 EDLOE
SUITE 205ACity State Zip Code
HOUSTON TX 77027

Outstanding Balance Beginning This Period

2548.22

Transaction ID : SD10.30103

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2548.22

1) **SUBTOTALS** This Period This Page (optional)..... ►

10096.18

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 21

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

KOCH & HOOS

Nature of Debt (Purpose):

ACCOUNTING & COMPLIANCE SERVICES

Mailing Address 901 N. WASHINGTON STREET
SUITE 450City State Zip Code
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

3150.75

Transaction ID : SD10.30104

Amount Incurred This Period

4350.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSP DIRECT

Nature of Debt (Purpose):

IE DIRECT MAIL

Mailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450City State Zip Code
HERNDON VA 20171

Outstanding Balance Beginning This Period

2356.90

Transaction ID : SD10.30105

Amount Incurred This Period

0.00

Payment This Period

539.97

Outstanding Balance at Close of This Period

1816.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSP DIRECT

Nature of Debt (Purpose):

PAC DIRECT MAIL

Mailing Address 13755 SUNRISE VALLEY DRIVE
SUITE 450City State Zip Code
HERNDON VA 20171

Outstanding Balance Beginning This Period

41585.72

Transaction ID : SD10.30106

Amount Incurred This Period

0.00

Payment This Period

20125.17

Outstanding Balance at Close of This Period

21460.55

1) **SUBTOTALS** This Period This Page (optional)..... ►

30778.23

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 21

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STRATEGY GROUP FOR PHONES, LLC

Nature of Debt (Purpose):

TELECONFERENCE SERVICES

Mailing Address 7699 STAGERS LOOP

City State

DELAWARE

Zip Code

OH 43015

Outstanding Balance Beginning This Period

4900.00

Transaction ID : SD10.3010

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SUNRISE DATA SERVICES

Nature of Debt (Purpose):

LIST EXPENSE

Mailing Address 44845 FALCON PLACE

SUITE 101A

City State

DULLES

Zip Code

VA 20166

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.30108

Amount Incurred This Period

915.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

915.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

5815.00

2) **TOTALS** This Period (last page this line number only)..... ►

46689.41

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

46689.41

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00528307 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee HSP DIRECT		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
Mailing Address 13755 SUNRISE VALLEY DRIVE SUITE 405		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">539.97</div>	
City HERNDON	State VA	Zip Code 20171	Transaction ID : SE24.00402 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure 10/25/13 DIRECT MAIL		Category/ Type	
Name of Federal Candidate Mark Warner		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4115.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">539.97</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">539.97</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

[Electronically Filed]

Date

03

20

2014

Signature